Fill	n this information to identify your ca	ase.							
	otor 1 Amy Ruth D								
	otor 2				_				
Unit	ed States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	١	_				
	e number 17-13136		_		Che	ck if this is:			
(If kn	own)						d filing ent showing p as of the folio		chapter
<u>O</u> 1	ficial Form 106I				į	MM / DD/ Y	YYY		
Sc	chedule I: Your Inc	ome							12/15
supp spou	s complete and accurate as possiblying correct information. If you use. If you are separated and you that a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your s ith you, do not inclu	spouse i de inforr	s living wit <mark>l</mark> nation abວເ	h you, inclu ut your spo	ude informa ouse. If more	tion about space is r	your needed,
1.	Fill in your employment information.	Debtor 1	A STATE OF THE STA	Debtor 2 or non-filing spouse					
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			☐ Employed			
		Employment status	□ Not employed			☐ Not employed			
		Occupation	Compliance Offi	icer II					
	Include part-time, seasonal, or self-employed work.	Employer's name County of Berks							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed to	here? 26 yrs			_			
Par	2: Give Details About Mon	thly Income							
spou	nate monthly income as of the da se unless you are separated.						•	·	-
	space, attach a separate sheet to		mbine the information	TIOI AII C	inployers loi	triat person	ii on the line.	s below. If y	ou neeu
					For De	btor 1	For Debto		
2.	List monthly gross wages, salar deductions). If not paid monthly, or	efore all payroll y wage would be.	2.	\$	4,938.05	\$	N/A		
3. Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$ 4,9	38.05	\$	N/A	

Debtor 1		Amy Ruth Dietrich	-	Case number (if known)		17-13136			
	0			For D	abtor1		Debto -filing	r 2 or spouse	
	Cop	opy line 4 here		\$	4,938.05	\$		N/	A
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,201.57	\$		N/A	Ą
	5b.	Mandatory contributions for retirement plans	5b.	\$	246.91	\$		N/A	A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N//	4
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	4
	5e. 5f.	Insurance	5e.	\$	229.86	\$		N/A	<u>4</u>
	5g.	Domestic support obligations Union dues	5f.	\$	0.00	\$		N/A	
	5h.	Other deductions. Specify:	5g.	\$	74.08	· \$		N/A	
^			5h.+	\$	0.00	+ \$		N/A	<u>4</u>
6. -		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,752.42	\$		N/A	<u> </u>
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,185.63	\$		N/A	<u>4</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	e			
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	* \$		N/A	<u> </u>
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	
	8e.	Social Security	8e.	\$	0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$	0.00	\$		N/A	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$		N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	- \$		N/A	<u>\</u>
€.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		N/	A
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		05.00	10.00		_	
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	ا [.] ا	3,1	85.63 + \$_		N/A	= \$ _	3,185.63
11.	State Inclu- other Do no	ate all other regular contributions to the expenses that you list in Schedule J. clude contributions from an unmarried partner, members of your household, your dependents, your roommates, and her friends or relatives. onot include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. ecify: 11. +\$ 0.00							
2.	Add Write applie	the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain es	ılt is the	combin	ed monthly inc Related <i>Data</i> ,	come. if it	12.	\$	3,185.63
							Ţ	Combi	ned
3.		ou expect an increase or decrease within the year after you file this form?							ly income
		Yes. Explain:							